

AO 439 (Rev 03/08)		Administrative Office of the United States Courts			FOR COURT USE ONLY	
TRANSCRIPT ORDER						DUE DATE
<i>Please Read Instructions</i>						
1 NAME <i>Robert Zwilllich</i>		2 PHONE NUMBER <i>212-474-1212</i>		3 DATE <i>11/20/17</i>		
4 MAILING ADDRESS <i>825 8 Avenue</i>		5 CITY <i>NY</i>		6 STATE <i>NY</i>	7 ZIP CODE <i>10019</i>	
8 CASE NUMBER <i>17-BK-3283</i>		9 JUDGE <i>SWAIN</i>		DATES OF PROCEEDINGS 10 FROM <i>10/25/17</i> 11 TO <i>10/25/17</i>		
12 CASE NAME <i>Commonwealth of Puerto Rico</i>				LOCATION OF PROCEEDINGS 13 CITY <i>NY</i> 14 STATE <i>NY</i>		
15 ORDER FOR <input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> NON-APPEAL <input type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input checked="" type="checkbox"/> OTHER						
16 TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)						
PORTIONS		DATE(S)		PORTION(S)		DATE(S)
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)		
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)		<i>OCT</i>				
<input type="checkbox"/> OPENING STATEMENT (Defendant)						
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)		<i>25,</i>		<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specify)		
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)						
<input type="checkbox"/> OPINION OF COURT		<i>2017</i>				
<input type="checkbox"/> JURY INSTRUCTIONS				<input type="checkbox"/> OTHER (Specify)		
<input type="checkbox"/> SENTENCING						
<input type="checkbox"/> BAIL HEARING						
17 ORDER						
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO OF PAGES ESTIMATE	COSTS	
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DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO OF COPIES			
HOURLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO OF COPIES			
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>				
CERTIFICATION (18 & 19) By signing below, I certify that I will pay all charges (deposit plus additional)				ESTIMATE TOTAL	0.00	
18 SIGNATURE <i>Robert Zwilllich</i>				PROCESSED BY		
19 DATE <i>11/20/17</i>				PHONE NUMBER		
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS		
ORDER RECEIVED	DATE	BY				
DEPOSIT PAID			DEPOSIT PAID			
TRANSCRIPT ORDERED			TOTAL CHARGES	0.00		
TRANSCRIPT RECEIVED			LESS DEPOSIT	0.00		
ORDERING PARTY NOTIFIED			TOTAL REFUNDED			
PICK UP TRANSCRIPT						
PAID OR AGREED PAY ANGRIT			TOTAL AMOUNT	0.00		

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